



22/05/2013

Dear Minister,

The Neurological Alliance of Ireland (NAI) and our member organisations are dismayed by the Department's unexplained shift of position in relation to the development of an implementation plan for the *National Policy and Strategy for the provision of Neuro-Rehabilitation Services in Ireland 2011 – 2015*, as outlined in a PQ reply (ref 19673/13) to Deputy Sean Kyne, dated April 25th last.

In the reply you state that an implementation plan would not be beneficial. This clearly contradicts your foreword to the policy in which you "*look forward to receiving, at a very early stage, a comprehensive implementation plan from the HSE*", as well as subsequent statements by you in Dail Eireann.

The policy itself is unequivocal about the need for a 3 year implementation plan to "address those key actions that can be initiated and implemented within a short timeframe and on a cost neutral basis, while working towards the achievement of the longer term vision".

It is also a matter of concern that your PQ reply says the Rehabilitation Medicine Programme has been working with the National Disability Unit as part of an expert Working Group planning for the implementation of the Report. This is not entirely the case. The NAI is a member of the only existing Working Group in this area which was established under the Rehabilitation Medicine Programme. The initial clinical lead, Dr Aine Carroll, clearly defined its role as being limited to medical rehabilitation – therefore it is not concerned with overall implementation.

It is alarming that at a point almost exactly halfway into the 3 year designated implementation period, it is suddenly decided that an implementation plan is no longer required and that only partial implementation of what could be achieved within financial constraints is now being considered.

Given our determined efforts to take up your call in the policy foreword to commit to its implementation, we are disappointed at the failure to consult with, or even inform

stakeholders about such a fundamental decision. We urge you to review the advice you have received for the following reasons, which we believe illustrate how it will not otherwise be possible to maximise realisable service improvements in this area.

1. Intersectoral commitment to neurorehabilitation

The policy outlines the need for “*intersectoral commitment to meet the holistic needs of persons consistent with their rehabilitation goals*”. To date, no process has been developed to ensure intersectoral commitment either through collaborative working, or the development of referral protocols. The absence of an implementation plan means the process of defining and meeting needs in relation to supports such as housing, transport, education and vocational services has not been addressed.

2. Whole of health service approach to neurorehabilitation

The full range of neurorehabilitation supports can only be adequately delivered through a whole of health service approach to the prevention of neurological disease, including both primary and secondary prevention of neurological sequelae resulting from trauma/onset, through to promoting a healthy lifestyle and wellbeing. Much of this is addressed in the work of the Department in the Framework for Improved Health and Wellbeing and the forthcoming Dementia Strategy. However, a clear outline is also required setting out how the needs of people requiring neurorehabilitation can be realised throughout distinct areas of the health services. The only logical means of doing this is in an implementation plan.

3. Benchmarking to define and monitor progress of policy implementation

The policy notes that “*a communication plan should be developed to ensure all stakeholders are informed on progress being made on implementation*”. Because there is no implementation group to provide a communication mechanism, this commitment is not being met and the result is a clear lack of accountability in the delivery of the policy’s recommendations.

Stakeholders, including those who helped develop the policy, are unclear as to which recommendations are being progressed and whether there are any targets or timeframes to achieve these. In addition, it is unclear whether actions set out in the HSE service plan represent a year on year commitment to implementing the recommendations in full and when any target for implementation is likely to be realised. This lack of transparency is seen as reflecting the low priority on the needs of people with neurological conditions.

4. Defining clear roles and responsibilities to guide implementation

Any progress on policy implementation is being made through the HSE’s Rehabilitation Medicine Programme and National Disability Unit. The NAI is actively engaged in assisting the work of both of these agencies by providing a vital conduit for engagement with not-for-profit service providers and patient representative organisations. It’s clear that whilst some progress may be achieved in the months ahead, efforts to roll out the policy recommendations continue to be seriously delayed by a lack of cohesion and clear understanding of roles and responsibilities in relation to implementation.

These four points demonstrate that the policy cannot deliver on its commitments without the development of the promised implementation plan. On a broader level, it is difficult to envisage how the Government intends to live up to its responsibilities under the UN Convention on the Rights of People with Disabilities, such as the commitment to “organise, strengthen and extend comprehensive (rehabilitation) services” when this is ratified.

The NAI has, at all times, maintained active and open communication both with your office and the HSE agencies responsible for the policy. We also continue to work co-operatively on the ground through our work with the Disability Unit, the Rehabilitation Medicine Programme, and through initiatives such as our recent conference bringing all groups involved in delivering neurological services together to discuss more effective collaboration between acute and community care and support services.

We are well aware of your extraordinarily busy schedule and the many important matters you are dealing with. But we feel strongly that your leadership is now vital to provide the direction needed to get the delivery of service improvements set out in the policy back on track and would particularly urge you to review the advice you have received on the need for an implementation plan.

Failing that, we would ask for a detailed explanation of how it is intended to maximise progress, what measures are being put in place to address the wider health and social care recommendations of the policy, what targets have been set, what monitoring procedures are in place and how these are to be communicated in the future.

We would be grateful for the opportunity to discuss these matters with you directly.

Yours Sincerely,

A handwritten signature in cursive script, appearing to read 'Chris Macey'.

Chris Macey,
Chairman, Neurological Alliance of Ireland